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Atty Dkt.: 1579-1093
Your Ref.: _____ Date: March 1, 2010
To: Examiner Parkin, J.S. - TC/A.U. 1648
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From: Mary J. Wilson

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Mary J. Wilson
Mary J. Wilson

ATTACHMENT/S: OFFICIAL AMENDMENT**MESSAGE:**

In re Patent Application of:

HAYNES et al
Serial No. 10/572,638
Filed: December 22, 2006
For: CONSENSUS/ANCESTRAL IMMUNOGENS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty MJW-01579-1093
Dkt.

HAYNES et al

C# M#
TC/A.U. 1648

Serial No. 10/572,638

Examiner: Parkin, J.S.

Filed: December 22, 2006

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Title: CONSENSUS/ANCESTRAL IMMUNOGENS

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Commissioner for Patents
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Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 0 minus highest number
previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$ 0.00

Independent claims after amendment 0 minus highest number
previously paid for 3 (at least 3) = 0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add
\$390.00 (1203)/\$0.00 (2203) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)
One Month Extension \$130.00 (1251)/\$0.00 (2251)
Two Month Extensions \$490.00 (1252)/\$0.00 (2252)
Three Month Extensions \$1110.00 (1253)/\$0.00 (2253)
Four Month Extensions \$1730.00 (1254)/\$0.00 (2254)
Five Month Extensions \$2350.00 (1255)/\$0.00 (2255) \$ 0.00
Terminal disclaimer enclosed, add \$140.00 (1814)/ \$0.00 (2814) \$ 0.00

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

TOTAL FEE \$ 0.00☐ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

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